

others were suffering in a less degree. Eight cases of night-blindness occurred at the same time; some of these patients showed scorbutic symptoms, while others were apparently free from them. None of the officers were affected with either of these diseases, which were simultaneously removed by a better diet.

"In 1855 there were upwards of seventy cases of scurvy in the 'Euryalus,' but two only of night-blindness were noticed. Her Majesty's ship, 'Brisk,' was seventy-two days in making a passage round Cape Horn to San Francisco; consequently during all that time no fresh meat or vegetables could be procured. Before she reached the above port, the surgeon examined the men, and found twelve with scorbutic symptoms; seven cases of night-blindness had occurred during the passage, and four of these were the worst cases of scurvy. They all recovered immediately after they obtained fresh meat and vegetables.

"One of the most remarkable instances of scorbutic night-blindness occurred in the 'Winchester,' while she was returning from India. Twenty cases were entered on the sick-list between Trincomalee and the Cape of Good Hope, but they all recovered when the vessel anchored at Simon's Town, and fresh provisions were issued to the crew; on the passage between the Cape and England, however, when the men had been for some time victualled on salt provisions, the disease reappeared in the same persons, and continued until they obtained fresh provisions at Spithead.

"In convict-ships proceeding to Australia, both scurvy and night-blindness have frequently made their appearance, but the latter often escapes notice in consequence of the prisoners being sent down into prison either at, or a little after, sunset. In the 'Marquis of Hastings,' which conveyed prisoners to Hobart Town in 1841, many cases of scurvy occurred, and there were ten of night-blindness, which presented no other symptoms of scorbutic disease.

"In all these, and in many other instances of a similar nature, the appearance of the disease simultaneously with scurvy, and its sudden disappearance when a better diet is obtained—the absence of the disease in vessels in which the men have a sufficiency of fresh meat and vegetables, even though employed in the same localities with others in which it has made its appearance—shows that it is entirely dependent on an improper or erroneous diet."

MIDWIFERY.

40. *Statistical Study of the Causes and Relative Proportion of Stillbirths in Private Country Practice.*—Dr. R. UVEDALE WEST has published (*Lancet*, Nov. 12, 1859) a tabular view of the stillbirths which occurred in 2,962 cases of midwifery, including 36 twin cases, and comprising, therefore, 2,998 children born. No account is taken of abortions. The following is a summary of this table:—

"The total of stillbirths from all causes, as shown in the table given above, is 111 out of 2,998 children born; a proportion of 1 in 27. Of these, 50 were putrid at birth, with various special circumstances noticeable; 8 were cases of craniotomy; 7 were cases in which the death of the child was caused by difficult delivery of the head in footling births, the funis being compressed; in 7 cases, where the funis was prolapsed early in the labour, the death of the child was equally caused by compression of that important organ; 3 deaths are explained by *placenta previa*; 6 by the severity of protracted labours left to the natural efforts; there were only 2 deaths from severe or protracted labour where instruments were used; in 1 case embryotomy was practised to effect the delivery of monstrously-adherent twins, accounting for the death of 2 children; in 2 cases the ovum was expelled entire before my arrival, and the children suffocated or drowned; 2 of the children exhibited deficient development of the head; 1 was dropsical—*anasarcous* and *ascitic*; 4 deaths are explained by profuse hemorrhage accompanying the labour; 2 by convulsions of the mother during or preceding the labour; in 1 case there was very clear evidence of latent compression of the funis during the labour; 1 death is explained by difficulty of

turning in a neglected case of arm-presentation; in 3 cases the mothers were either moribund or seriously ill; in 3 of the non-putrid cases the placenta was either putrid or diseased; and in only 7 cases it was not possible to assign a cause. Several of the women are shown to be liable to a recurrence of dead children born.

"The ergot of rye is considered by some to be destructive of the life of the child. For that reason I have thought it right to specify in every case, even in the putrid ones, whether the ergot was or was not given. It results that the ergot was given in 24 cases out of the whole number of 111 children born dead. But as the vast majority of the deaths where ergot of rye had been given are explicable from other causes, I think we may acquit this much-abused drug, and especially so if we study the last list of cases—that, namely, where the 'cause was not manifest.' Let me here explain that I have given the ergot of rye 201 times out of the last 800 cases I have attended. This is a frightful proportion; but never mind. My register stands at No. 2,962 at the present date. If the list of 'cause not manifest' be now looked at, it will be seen that the last 4 cases in that list fall within the 800 cases alluded to. The ergot of rye was given in only 1 of those 4 cases; precisely the proportion of ergot of rye for the whole number of 800—1 in 4.

"I have thought it important in the study of the causes and the frequency of the mortality of children during labour, to insert in my table the number of each case. It may thus be seen at a glance how far the inexperience of a young practitioner may contribute to an increase of such mortality. Let us, for example, examine the numbers of the cases of craniotomy. It will be seen that nearly all the cases that I was exclusively responsible for, fall within the first 1,000. How far a gradually acquired ability in the use of the vectis and forceps may have enabled me to discard this *wilful murder* from my practice, I leave to the judge—

¹ It may assist the reader in the appreciation of my argument if I here state briefly that I delivered, with the one or the other of those instruments, in the first 1,000 cases, 4 times only; in the second 1,000, 16 times; and in the third 1,000, now nearly completed, 77 times, with the result, as regards the life of the child, shown in the text. And the following extract from the index to my register will illustrate, though, perhaps, more feebly, the advantage of artificial assistance in other circumstances of danger to the life of the fetus than mere protracted labour:—

FUNUS PROLAPSED; in 19 cases; in which,

The child born dead: 11 cases, viz. :—

Head-presentation; left to nature: 168 B., 726 G., 2,400 B.

" " forceps case: 2,301* B.

" " difficult turning case: 2,683 B.

Feet-presentation: 645, 1,916, 2,057, 2,065, 2,228. Of which,

Child putrid: 1,916 G., 2,057 G., 2,228 G.

Placenta prævia: 645 B.

Arm-presentation; turning performed: 69 B.

The child born alive: 8 cases, viz. :—

Head-presentation; left to nature: 1,667 B., 2,345 G.

" " vectis used: 1,643 B.

" " turning performed: 2,504 B., 2,553 G., 2,579 B.

Arm-presentation; turning performed: 2,281 G.

Feet-presentation, with placenta prævia: 1,316 G.

CONVULSIONS OF THE MOTHER,

Preceding or accompanying the labour: 2,191, 2,320, 2,729. Of which,

The child born dead; 2 cases, viz. :—

Labour unassisted: 2,191* B., 2,320* B.

The child born alive; 1 case, viz. :—

Delivery with vectis: 2,729* G.

It is very probable that, although the mere expulsion of the child might have been easily effected in cases 2,504, 2,553, 2,579, and 2,729, if they had been left to nature; yet the children would have been all born dead, if artificial delivery had not been performed.

ment of my readers, pointing out at the same time that *pari passu* with what I may call the *abolition of craniotomy*, or, at any rate, the greatly diminished frequency of the practice, the fetal mortality from unassisted protracted labour disappears also from my practice."

41. *Statistical Report of Thirteen Hundred Midwifery Cases attended in Private Practice.* By ANDERSON SMITH, F. R. C. S.—Of 1,320 children, 700 were males, 620 females. 1,255 were born alive; 65 dead—of these, 24 were putrid. Premature births numbered 38; twin cases, 20; of these, 35 children were born alive, 1 dead, and 4 putrid. Malpresentations and positions were 58—namely, forehead towards the pubic arch, 20; face, 2; breech, 23; of these, 14 children were born alive, 7 dead, and 2 putrid. Lower extremities, 8; 4 alive, 3 dead, and 1 putrid. Arm, 1 alive. Compound, 4; 1 alive, 3 dead. Prolapse of the funis happened in 6 cases, in all of which the children were stillborn. Accidental hemorrhage occurred 14 times; in 10 cases the children were born alive, in 4 dead. 3 cases of complete placenta prævia, the children stillborn; 2 of partial placenta prævia, 1 child alive, the other dead; 6 cases of slight post-partum hemorrhage; 2 of epileptic and 1 of hysterical convulsions; 3 of peritonitis; 1 of mania. Version was had recourse to in 4, the forceps in 25, and craniotomy in 3 cases. The average duration of labour in primipare was 18½ hours; the shortest at the full time, 2¼ hours.

Remarks.—Of the 41 stillborn, death in 29 cases was the result of malpresentation, accidental or unavoidable hemorrhage, prolapse of the funis, or craniotomy. Of the remaining 12 cases, in 1 instance the funis was prolapsed and pulseless before the expulsion of the shoulders; 2 children made ineffectual efforts to respire; in 1 case, the mother had at her previous confinement been delivered of a putrid fœtus; 2 were the children of mothers suffering from disease of the heart; 1 was the second of twins; and the remainder were mostly prematurely born.

In the 2 cases of partial placenta prævia, I merely ruptured the membranes, and the labours terminated naturally. Of the 3 of complete, in two instances I tore through the placenta, turned, and brought down the feet. In the third, I was pursuing the same treatment, when a violent pain expelled the placenta, and, although the hemorrhage then ceased, the patient died on the fourth day; and I may here state that this is the only instance in 1,300 cases in which the mother has died from any cause connected with parturition.

Not once has there occurred a case either of retention of the placenta or severe post-partum hemorrhage. Immunity from both these complications I attribute mainly to two causes—namely, the practice of applying a binder as soon as the second stage of labour commences, tightening it directly after the birth of the child, and again after the expulsion of the placenta, and abstaining from the administration of ergot. By the former the regular contraction of the uterus is effected, and by the latter its irregular contraction prevented.

The number of forceps cases appears great, but, as far as my experience extends, no bad consequences have resulted from their use; and I am inclined to believe that laceration of the perineum is rather prevented than caused by their timely employment.—*Lancet*, Nov. 12, 1859.

42. *Statistics of Midwifery from the Records of Private Practice.*—Dr. DUNN read before the Obstetrical Society of London a summary of his midwifery records for twenty years. He began by expressing his conviction that the records of private practice might be usefully and advantageously contrasted with the statistics of lying-in hospitals and public institutions; and that while his own experience could only be brought to bear upon the working and middle classes of society, he hoped—seeing how important was the influence which the different modes and habits of life had upon the parturient process—that other Fellows of the Society would not be wanting to supply the desiderata in relation to the other grades and ranks of social life; not only to the highest, to those living in the lap of luxury, surrounded by the elegances and enjoying all the indulgences of life, but also to the lowest, to those sunk in the depths of indigence, ignorance, and penury, and often without even the ordinary comforts of life. The author